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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/749,120-Conf. #3284
	Filing Date	December 30, 2003
	First Named Inventor	Richard L. BOYD
	Title	DIAGNOSTIC INDICATOR OF THYMIC FUNCTION
	Art Unit	1644
	Examiner Name	D. A. Saunders
Attorney Docket No.		0286336.00154US1

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Richard Boyd</i>	Date	16.5.2008
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Title and Company	C.S.O. NORWAP IMMUNOLOGY		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.